

3000016236 4/8/13

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 04/03/2013
 Voucher Vchr VchrtLineDescr Distr Account Account Fund VendorName Withhold Accounting Period PurchaseOrder Invoice Number Total Amount

Number	Line	Line#	Description	Fund	VendorName	Withhold	Year	Month	PurchaseOrder	Invoice Number	Total Amount
00330953	1 I/S Meals & Lodging	1	542200 Employee I/S Meals & L	06101	ADAMS RICH-001		2013	04	0000091657	Adams, R. 3.18-3	25.00
00330953	2 I/S Meals & Lodging	1	542300 Employee I/S Meals & L	06101	ADAMS RICH-001		2013	04	0000093027	Adams, R. 3.18-3	60.00
00330953	3 I/S meals & lodging	1	542200 Employee I/S Meals & L	06105	ADAMS RICH-001		2013	04	0000099518	Adams, R. 3.18-3	350.00
Total For Voucher											435.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**


Business Unit: 66500
Voucher ID: 00330953
Voucher Style: Regular
Vendor: ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
RUIDOSO, NM 88345

Invoice Number: Adams, R. 3.18-3.21.13
Invoice Date: 04/01/2013
Total: 435.00

***Pay Terms:** Pay Now [Schedule Payments](#)

Saved**Payment Information****Scheduled Payment:** 1***Remit to:** 0000097303 **Location:** 001 ***Address:** 1 


ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 435.00 USD**Discount:** 0.00 USD **Discount Denied****Late Charge****Scheduled Due:** 04/01/2013 **Net Due:** 04/01/2013**Discount Due:****Accounting Date:****Find | View All** First  1 of 1  Last  **Payment Method*****Bank:** WFB10***Account:** B **Pay Group:** RE***Method:** ACH ACH ***Handling:** ***Netting:** N **Message:** **Message will appear on remittance advice.** [Messages](#)

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 3.18-3.21.13
Voucher ID: 00330953 Invoice Date: 04/01/2013
Voucher Style: Regular Total: 435.00

Voucher Processing

☒ Post Voucher  Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRANT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1


Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000/06105	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe. and also facilities meeting in ABQ					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	03/15/13	Destination:	Santa Fe & ABQ		
	Departure Date: (month/day/yr)	03/18/13	Time:	06:00 AM	Return Date: (month/day/yr)	3/21/13
	Time: 06:00 PM					
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

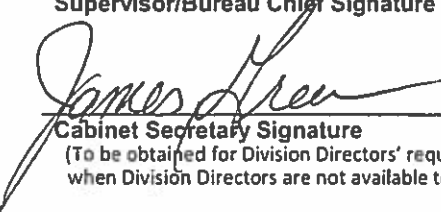
546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


3/18/13
 Employee Signature Date

Division Director/Hospital Administrator
 (As per specific division requirements)

Date

Supervisor/Bureau Chief Signature Date

3/20/13
 Cabinet Secretary Signature
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)